

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539061

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1						51					
2		1						52					
3		1						53					
4		3						54					
5		0						55					
6		0						56					
7		0						57					
8		0						58					
9		0						59					
10		0						60					
11		0						61					
12		0						62					
13		0						63					
14		0						64					
15								65					
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43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	1		↓		↓		↓						
TOTAL DEP.	15	←		←		←	←		↓	↓	↓		
TOTAL CLAIMS	16	████████		████████		████████	████████		████	████	████		